

**Montopolis Friendship Community Center**  
**Austin District United Methodist Women**  
**Application for Velma and Bob Miles Scholarship**  
**for residents of Montopolis 78741 & 78742 zip codes**

Date \_\_\_\_\_

**Applicant** (please print clearly)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_

email \_\_\_\_\_ cell phone # \_\_\_\_\_

**Schools Attended** (please list names and years)

**Three References** (other than family members or friends)

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Position (example: teacher, employer, pastor, etc.) \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Position (example: teacher, employer, pastor, etc.) \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Position (example: teacher, employer, pastor, etc.) \_\_\_\_\_

**Scholarship Needed for:**

College \_\_\_\_\_ Community College \_\_\_\_\_

Trade School \_\_\_\_\_ or GED \_\_\_\_\_

**Personal Statement of Financial Need:** On separate sheet of paper, please write at least a half page explaining your need for the scholarship. It may be typed or handwritten.

**I certify that the above information is correct, to the best of my knowledge.**

**Signature of Applicant**

**Please return application to:**

Martha Renfro  
8307 Summer Side Drive  
Austin, TX 78759  
Phone: 418-8334

**The application must be post marked no later than April 15<sup>th</sup>.**